



Patent Application
Attorney Docket No.: 58769.000011

1646

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of :

EMORINE, L., *et al.*

Serial No.: 09/895,211

Filed: July 02, 2001

Examiner: Ulm, J.

Group Art Unit: 1646

For: INTRON/EXON STRUCTURE OF THE HUMAN AND MOUSE
BETA3-ADRENERGIC RECEPTOR GENES

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TRANSMITTAL LETTER

Under Secretary of Commerce for Intellectual Property
and Director of the United States Patent and Trademark Office
Washington, D.C. 20231

Sir:

The following are enclosed for consideration in the above-identified application:

	FEE
<input type="checkbox"/> Response to Notice to File Missing Parts	\$
<input checked="" type="checkbox"/> Response to Office Action mailed September 26, 2002	\$
<input type="checkbox"/> Declaration: <input type="checkbox"/> Original; <input type="checkbox"/> Supplemental	\$
<input type="checkbox"/> Submission of Formal Drawings	\$
<input type="checkbox"/> Informal Drawings: ___ Sheets ___ Figures	\$
<input type="checkbox"/> Supplemental Information Disclosure Statement, Form PTO SB/08A, copy of International Search Report, and three (3) references	\$
<input checked="" type="checkbox"/> Amendment: <input type="checkbox"/> Preliminary; <input type="checkbox"/> § 116; <input type="checkbox"/> § 312; <input type="checkbox"/> Other	\$
<input checked="" type="checkbox"/> Request for Two-Month Extension of Time	\$410.00
<input type="checkbox"/> Issue Fee: <input type="checkbox"/> Part B - Issue Fee Transmittal <input type="checkbox"/> Part C - Charge to Deposit Account	\$
<input type="checkbox"/> Notice of Appeal	\$
<input type="checkbox"/> Appeal Brief	\$
<input type="checkbox"/> Request for Oral Hearing	\$
<input type="checkbox"/> Reply Brief	\$
<input type="checkbox"/> Terminal Disclaimer	\$
<input type="checkbox"/> An additional claim fee is required, and is calculated as shown below	\$
TOTAL FEES BEING SUBMITTED	\$410.00

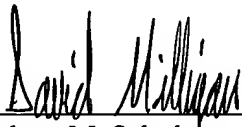
	Claims Remaining	Claims Paid For	Extra	Rate	Fee
Total Claims		20	0	x \$18.00	\$
Independent Claims		3	0	x \$84.00	\$
Multiple Dependent Claims (if applicable)				\$	\$
TOTAL EXCESS CLAIMS FEE					\$
SMALL ENTITY TOTAL (if applicable)					\$.00

The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and § 1.17 associated with this communication or credit any overpayment to the deposit account of Hunton & Williams, Deposit Account Number 50-0206.

Respectfully submitted,

Date: February 26, 2003

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